General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Prestonlinks Pharmacy, Unit 2, Prestonlinks Shopping Centre, 65c High Street, PRESTONPANS, East Lothian, EH32 9AF

Pharmacy reference: 1042038

Type of pharmacy: Community

Date of inspection: 09/05/2024

Pharmacy context

This is a pharmacy on a high street in the seaside village of Prestonpans in Lothian. Its main services include dispensing of NHS prescriptions, and it dispenses some medicines in multi-compartment compliance packs to help people take their medicines properly. And it delivers medicines to some people's homes. Team members advise on minor ailments, and they deliver the NHS Pharmacy First Service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

Follow this link to find out what the inspections possible outcomes mean

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.2	Standard not met	Team members do not review mistakes they make during the dispensing process appropriately. And they do not demonstrate sufficient learning and changes to the way they work following the mistakes they make. This is similar to the last inspection.
		1.6	Standard not met	Some of the pharmacy's records are incomplete and inaccurate. This includes incomplete responsible pharmacist records and controlled drug records that it doesn't accurately maintain. This is similar to the last inspection.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not store all its medicines as it should, including some of its higher-risk medicines. And it doesn’t have robust procedures to make sure it stores its medicines requiring cold storage correctly. This is similar to the last inspection and the pharmacy has not maintained the required improvement in this area.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy does not maintain all the records that are needed by law. Team members discuss some mistakes they make when dispensing. But they do not review these to help reduce the risk of a similar mistake happening again. Team members keep people's private information safe. And they know what to do to help protect the health of vulnerable people.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy's working practices. The SOPs covered tasks such as dispensing controlled drugs (CDs) and the responsible pharmacist (RP) procedures. They had been individually reviewed by the superintendent pharmacist (SI) at dates ranging between March 2022 and September 2023. Most team members had read the SOPs relevant to their role and completed a signature sheet to confirm their understanding of some of them. But the signature sheet was only completed for a few of the most recent SOPs. Team members described their roles within the pharmacy and the processes they were involved in and accurately explained which activities could not be undertaken in the absence of the responsible pharmacist.

Team members completed paper records about dispensing mistakes that were identified in the pharmacy, known as near misses. They recorded the details of the mistake they made but did not capture information on why the mistake might have happened. They sent these records to the SI for review. But they had received no feedback and were not aware if the SI had completed an analysis of the near misses they had reported. Team members did not have access to the electronic reporting system. And so there was no process to review near misses to learn from them and team members may miss opportunities to minimise the chances of the same error happening again. Team members were not aware of any mistakes that were noticed after people had received their medicines, known as dispensing incidents. And they didn’t know how to access records of these. They explained that they sometimes discussed errors with the pharmacist at the time they happened, but they could not recall implementing any changes to reduce the risk of similar errors being repeated. The processes and team learnings around near misses and management of dispensing incidents had not been sufficiently maintained since the previous inspection. The pharmacy had a complaints policy and the team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or SI.

The pharmacy had current professional indemnity insurance. It displayed the correct RP notice. But RP records were incomplete. There were multiple missed entries over the previous eight weeks where the pharmacy was open, and no RP record was made. Absence periods were not always recorded, and many entries did not include the time the RP had finished. This meant the pharmacy could not demonstrate who was the responsible pharmacist at certain times. This had also been identified in the previous inspection six months ago and improvements had not been maintained. The pharmacy kept digital CD records with running balances. The SI had recently amended the procedure related to recording branded controlled drugs in the registers. But this change was not reflected in the CD SOP. And had resulted in confusion from different pharmacists who were unsure which process to follow. Stock balances of CDs were last checked in February 2024. A random balance check of four controlled drugs found not all matched the balance recorded in the register. The pharmacy had a CD destruction register to record CDs that people had returned to the pharmacy. And CDs segregated awaiting

destruction were accurately recorded. From the records seen, it had accurate private prescription records including records about emergency supplies. It kept complete records for unlicensed medicines. The pharmacy backed up electronic patient medication records (PMR) to avoid data being lost.

Pharmacy team members were aware of the need to protect people's private information. They separated confidential waste and shredded it in the pharmacy. No person-identifiable information was visible to the public. The pharmacy had a documented procedure to help its team members raise any concerns they may have about the safeguarding of vulnerable adults and children. The pharmacist was registered with the protecting vulnerable group (PVG) scheme. A team member explained the process they would follow if they had concerns and would raise concerns to the RP.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has sufficient team members with the right qualifications to manage its workload and provide its services. Team members work well together and communicate effectively. And they are comfortable providing feedback and raising concerns should they need to. But they are not provided with opportunities for regular training and development.

Inspector's evidence

The pharmacy employed four part-time dispensers, one of whom was the pharmacy manager, a full-time medicines counter assistant, and a part-time delivery driver. The pharmacy did not have a regular pharmacist and used locum pharmacists to cover the RP role. Typically, there were four team members working at most times. Team members were seen to be managing the workload. Those spoken to during the inspection were experienced in their roles and most of them had been working at the pharmacy for several years. They demonstrated a good rapport with many people who visited the pharmacy and were seen appropriately helping them manage their healthcare needs. The pharmacy used rotas to manage staff levels depending on workload. Extra support was obtained from a nearby pharmacy owned by the same company when needed. And part-time team members had some scope to work flexibly providing contingency for absence.

The pharmacy did not provide learning time during the working day for team members to undertake regular training and development. One team member had started working in the pharmacy three months before the inspection. But they had not received time to read through the pharmacy's SOPs. Team members had annual appraisals with the pharmacy manager. But they did not have development plans in place. So there was a risk that the knowledge and skills for their roles would not always be kept up to date. Team members were observed to work on their own initiative, for example to phone the GP practice to ask about missing prescription items. They asked appropriate questions when supplying over-the-counter medicines and referred to the pharmacist when required. They demonstrated an awareness of repeat requests for medicines intended for short term use. And they dealt appropriately with such requests. The pharmacy team had informal meetings to discuss day-to-day workload priorities. They felt able to make suggestions and raise concerns to the manager, SI or pharmacy owner.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are small but suitable for the services it provides. They are secure, and well maintained. And the pharmacy has a suitable, sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The premises was small and incorporated a retail area, dispensary and small back shop area that included limited storage space and staff facilities. The pharmacy had clearly defined areas for dispensing and the RP used a separate bench to complete their final checks of prescriptions. But space for storing medicines and completed prescriptions was limited which resulted in some clutter and prescription items being stored on the floor which could pose a trip hazard to staff. And the rear fire exit was partially blocked. The premises were generally clean, hygienic and well maintained. There were sinks in the dispensary and toilet. These had hot and cold running water, soap, and clean hand towels.

People in the retail area were not able to see activities being undertaken in the dispensary. The pharmacy had a consultation room with a desk, chairs and sink. The door closed for privacy and it provided a suitable environment for people to have private conversations with pharmacy team members. Team members utilised a hatch into the consultation room for specialist services such as substance misuse supervision. Temperature and lighting were comfortable throughout the premises.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy receives its medicines from reputable sources but it does not carry out regular checks to ensure they remain fit for purpose. And it does not always store medicines as it should. The pharmacy provides services which are easily accessible for people and overall, it delivers its services safely and effectively. It provides information to people to help them take their medicines properly.

Inspector's evidence

The pharmacy had good physical access by means of a level entrance and manual door. The pharmacy advertised some of its services and its opening hours in the main window. It kept a range of healthcare information leaflets for people to read or take away. The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. And they highlighted labels on bags containing people's dispensed medicines to act as an alert before they handed out medicines to people. For example, to highlight the presence of a fridge line or a CD that needed handing out at the same time. Team members signed dispensing labels to maintain an audit trail. They provided owing's slips to people when they could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine, to try to arrange an alternative treatment. The pharmacy offered a delivery service and kept records of completed deliveries.

Some people received medicines from 'Medicines Care Review' (MCR) serial prescriptions. Team members only prepared the medicines that were requested by people to avoid waste. They maintained records of when people collected their medication. This meant the pharmacist could then identify any potential issues with people not taking their medication as they should. Team members checked regularly for any prescriptions that people had not requested. They then communicated with the GP practice to ensure the prescription remained appropriate.

A large proportion of the pharmacy's workload involved supplying medicines in multi-compartment compliance packs for people who needed extra support with their medicines. Pharmacy team members managed the dispensing and the related record-keeping for these on a four-weekly cycle. They kept master backing sheets for each person for each week of assembly. These master sheets documented the person's current medicines and administration time. And they maintained notes of previous changes to medication, creating an audit trail of the changes. Packs were labelled so people had written instructions about how to take their medicines. These labels included descriptions of what the medicines looked like, so they could be identified in the pack. And team members provided people with patient information leaflets about their medicines each month. Shelving to store the packs was kept neat and tidy.

Team members demonstrated an awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to avoid covering up written warnings on the packs with dispensing labels. And were aware of the requirement to dispense these medicines in their original manufacturer's packs. For example, one person who received a compliance pack was supplied with their valproate in a separate original pack. And the pharmacy kept a letter from the person's GP to acknowledge supply was suitable in this way. The

pharmacy had patient group directions (PGDs) for the Pharmacy First service, emergency hormonal contraception, and treatment of urinary infections. The pharmacy team members were trained to deliver the Pharmacy First service within their competence and under the pharmacist's supervision. They referred to the pharmacist as required.

The pharmacy used a 24-hour collection point machine and team members sent text messages to let people know their medication was ready for collection. People collected their prescriptions from the machine using a unique PIN code. This was at their own convenience even when the pharmacy was closed. The pharmacy excluded some medications such as CDs and items that required refrigeration. And team members regularly checked the machine for uncollected items which they removed and contacted people to let them know.

The pharmacy obtained medicines from recognised suppliers. It stored medicines in their original manufacturer's packaging on shelves. But some medicines were not stored tidily on dispensary shelves which increased the risk of an incorrect medicine being selected during the dispensing process. And not all medicines were stored as they should be. The pharmacy stored items requiring cold storage in two separate fridges. It kept some records of minimum and maximum temperatures for one of the fridges. But there were only nine records made in April. And team members did not record the temperature of the second fridge. There was little monitoring of the suitability of cold storage medicines and no assurance that the fridge was operating within the required temperature range. These failings had also been highlighted at the previous inspection. Team members checked expiry dates of medicines periodically, with the last documented check completed in January. And they highlighted packs of medicines expiring in the next six months. A random check of approximately twenty medicines were found to be in date. The pharmacy had disposal bins for expired and patient-returned stock. The pharmacy actioned Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety alerts which they received by email. But team members did not keep records about what they had done. They returned items received damaged or faulty to suppliers as soon as possible. The pharmacy protected pharmacy (P) medicines from self-selection to ensure sales were supervised. And team members followed the sale of medicines protocol when selling these.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people’s private information.

Inspector's evidence

The pharmacy had resources available including current editions of the British National Formulary (BNF) and BNF for Children. It had access to the internet and a range of further support tools. This meant the pharmacy team could refer to the most recent guidance and information on medicines.

Team members kept clean CE-stamped measures by the sink in the dispensary, and separate marked ones were used for substance misuse medicines. The pharmacy stored paper records in the dispensary inaccessible to the public. It had a set of clean tablet and capsule counters. The automated 24-hour collection point had engineer support available via telephone. The pharmacy stored medicines awaiting collection, in a way that prevented members of the public seeing people’s confidential information. Computer screens were positioned so that unauthorised people couldn’t see any confidential information. And the pharmacy had cordless telephones so team members could move to have private conversations with people.

What do the summary findings for each principle mean?

Finding	Meaning
✔ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✔ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✔ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.